

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/512,734

FILING DATE

APPLICANT(S)

11/5/05 3/2/06 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
2			/		/	
3				/		/
4				/		/
5				/		/
6				/		/
7				/		/
8			/		/	
9				/		/
10				/		/
11				/		/
12				/		/
13				/		/
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17				/		/
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19			/		/	
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22				/		/
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37			/		/	
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39			/		/	
40			/		/	
41			/		/	
42			/		/	
43			/		/	
44			/		/	
45			/		/	
46				0		0
47				0		0
48				0		0
49				0		0
50				0		0
TOTAL IND.			47		47	
TOTAL DEP.			25		25	
TOTAL CLAIMS			72		72	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52	/		/			
53	/		/			
54	/		/			
55	/		/			
56	/		/			
57	/		/			
58	/		/			
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						